3613 SOUTH 13TH STREET

SHEBOYGAN 53081 Phone: (920) 458-4040)	Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	74	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	74	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	59	Average Daily Census:	63

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	45. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	3.4	Under 65	3.4	More Than 4 Years	13. 6
Day Servi ces	No	Mental Illness (Org./Psy)	16. 9	65 - 74	8. 5		
Respite Care	No	Mental Illness (Other)	8. 5	75 - 84	42.4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	33. 9	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	11.9	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1. 7	ĺ	j	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1. 7		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	39. 0	65 & 0ver	96. 6		
Transportation	No	Cerebrovascul ar	11. 9	[']		RNs	14. 0
Referral Service	No	Di abetes	10. 2	Sex	% j	LPNs	3. 8
Other Services	No	Respi ratory	0.0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	6.8	Male	23. 7	Aides, & Orderlies	35. 1
Mentally Ill	No	ĺ		Female	76. 3		
Provi de Day Programmi ng for		j	100.0		j		
Developmentally Disabled	No	ĺ			100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	4	100.0	275	39	100.0	104	1	100.0	104	15	100.0	129	0	0.0	0	0	0.0	0	59	100. 0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		39	100. 0		1	100. 0		15	100. 0		0	0.0		0	0.0		59	100.0

MEADOW VIEW MANOR NURSING HOME

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti o	ns, Service	s, and Activities as of 12/	′31/01
Deaths During Reporting Period		<u> </u>					
8 1 8		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	21. 1	Daily Living (ADL)	Independent	0ne 0	r Two Staff	Dependent	Residents
Private Home/With Home Health	13. 3	Bathi ng	0.0		59. 3	40. 7	59
Other Nursing Homes	0.8	Dressing	6. 8		54 . 2	39. 0	59
Acute Care Hospitals	58. 6	Transferring	22. 0		35. 6	42. 4	59
Psych. HospMR/DD Facilities	0.0	Toilet Use	16. 9		40. 7	42. 4	59
Reȟabilitation Hospitals	3. 9	Eating	76 . 3		10. 2	13. 6	59
Other Locations	2.3	**************	******	******	*******	*********	******
Total Number of Admissions	128	Continence		%	Special Trea	atments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	5. 1	Recei vi ng	Respiratory Care	3. 4
Private Home/No Home Health	3.8	0cc/Freq. Incontinent		69. 5		Tracheostomy Care	0. 0
Private Home/With Home Health	28. 8	Occ/Freq. Incontinent	of Bowel	39. 0	Recei vi ng	Suctioning	0.0
Other Nursing Homes	13.6	<u>-</u>			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	6. 1	Mobility			Recei vi ng	Tube Feeding	3. 4
Psych. HospMR/DD Facilities	0.0	Physically Restrained		1. 7	Recei vi ng	Mechanically Altered Diets	25. 4
Reĥabilitation Hospitals	0.0	i i			Ö	v	
Other Locations	2. 3	Skin Care			Other Resid	ent Characteristics	
Deaths	45. 5	With Pressure Sores		8. 5	Have Adva	nce Directives	96. 6
Total Number of Discharges		With Rashes		1. 7	Medi cati ons		
(Including Deaths)	132	ĺ			Recei vi ng	Psychoactive Drugs	44. 1
<u>-</u>		•			Ü		

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Occupancy Rate: Average Daily Census/Licensed Beds 85. 1 82.7 1.03 85. 1 1.00 84.3 1.01 84.6 1.01 Current Residents from In-County 91. 5 82. 1 1. 11 80. 0 1. 14 82.7 1.11 77. 0 1. 19 Admissions from In-County, Still Residing 18.8 18.6 1.01 20.9 0.90 21.6 0.87 20.8 0.90 Admissions/Average Daily Census 203. 2 178.7 1. 14 144. 6 1.40 137. 9 1.47 128. 9 1.58 Discharges/Average Daily Census 209.5 179.9 144. 8 1.45 139. 0 130. 0 1.61 1. 16 1. 51 Discharges To Private Residence/Average Daily Census **68**. 3 76. 7 0.89 60. 4 1. 13 55. 2 1.24 52.8 1. 29 Residents Receiving Skilled Care 100 93.6 1.07 90. 5 1. 10 91.8 1.09 85. 3 1. 17 Residents Aged 65 and Older 96.6 93.4 1.03 1.02 92. 5 87. 5 94. 7 1.04 1. 10 Title 19 (Medicaid) Funded Residents 66. 1 63.4 1.04 58. 0 64.3 68. 7 1. 14 1.03 0.96 Private Pay Funded Residents 23. 0 0.79 25.6 22. 0 25. 4 1. 10 32. 0 0.99 1. 16 Developmentally Disabled Residents 3.4 0. 7 4.83 0.9 3.71 1. 2 7. 6 0.45 2.88 Mentally Ill Residents 25. 4 30. 1 0.84 33. 8 0.75 37. 4 0.68 33. 8 0.75 General Medical Service Residents 6.8 23.3 0.29 18. 3 0.37 21. 2 0.32 19. 4 0.35 Impaired ADL (Mean) 55.9 48.6 49.6 49.3 1. 14 1. 15 48. 1 1. 16 1. 13 Psychological Problems 44. 1 50.3 0.88 51.0 0.86 54. 1 0.81 51. 9 0.85 Nursing Care Required (Mean) 5.3 6. 2 0.85 6. 0 0. 88 6. 5 0.81 7. 3 0.72